

STATE OF CALIFORNIA
 DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
EXPLORER APPLICATION
 CHP 400F (Rev.1-00) OPI 015

PLEASE PRINT OR TYPE

NAME (LAST, FIRST, MIDDLE)	SOCIAL SECURITY NUMBER *	DRIVER LICENSE NUMBER
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ADDRESS (INCLUDE STREET, CITY, STATE, ZIP CODE)	PHONE NO. (INCLUDE AREA CODE)
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DATE OF BIRTH	CITY AND STATE OF BIRTH	SEX	HEIGHT	WEIGHT	HAIR	EYES
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NAME OF SCHOOL	CITY
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GRADE	GPA	COUNSELOR'S NAME
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FATHER	WORK PHONE NO. (INCLUDE AREA CODE)
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ADDRESS (INCLUDE STREET, CITY, STATE, ZIP CODE)	HOME PHONE NO. (INCLUDE AREA CODE)
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MOTHER	WORK PHONE NO. (INCLUDE AREA CODE)
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ADDRESS (INCLUDE STREET, CITY, STATE, ZIP CODE)	HOME PHONE NO. (INCLUDE AREA CODE)
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SIBLING(S) NAME(S) AND AGE(S)

NAME OF CLOSEST RELATIVE NOT LIVING WITH YOU

NAME OF CLOSEST RELATIVE NOT LIVING WITH YOU	RELATIONSHIP
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ADDRESS (INCLUDE STREET, CITY, STATE, ZIP CODE)	HOME PHONE NO. (INCLUDE AREA CODE)	WORK PHONE NO. (INCLUDE AREA CODE)
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PHYSICIAN'S NAME	PHONE NO. (INCLUDE AREA CODE)	HOSPITAL PREFERENCE
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PLACE OF EMPLOYMENT	SUPERVISOR'S NAME
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ADDRESS (INCLUDE STREET, CITY, STATE, ZIP CODE)	PHONE NO. (INCLUDE AREA CODE)
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DUTIES

NAME THREE ADULT REFERENCES (NOT RELATIVES)

ADDRESS (INCLUDE STREET, CITY, STATE, ZIP CODE)	PHONE NO. (INCLUDE AREA CODE)
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NAME (SECOND REFERENCE)

ADDRESS (INCLUDE STREET, CITY, STATE, ZIP CODE)	PHONE NO. (INCLUDE AREA CODE)
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NAME (THIRD REFERENCE)

ADDRESS (INCLUDE STREET, CITY, STATE, ZIP CODE)	PHONE NO. (INCLUDE AREA CODE)
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HAVE YOU EVER BEEN PHYSICALLY DETAINED BY A LAW ENFORCEMENT AGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT AGENCY?
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WHY

HAVE YOU EVER RECEIVED A TRAFFIC CITATION?

YES NO

IF YES, ISSUED BY WHAT LAW ENFORCEMENT AGENCY

FOR WHAT VIOLATION(S)?

LIST ANY ORGANIZATION(S)/CLUB(S) THAT YOU ARE CURRENTLY A MEMBER OF

LIST ANY AWARDS OR RECOGNITION YOU HAVE RECEIVED

WHAT CAN YOU OFFER THE FIELD OF LAW ENFORCEMENT EXPLORING?

ALL EXPLORER MEETINGS ARE IMPORTANT. WILL YOU BE ABLE TO ATTEND ALL MEETINGS? IF NO, EXPLAIN WHY.

YES NO

WHAT TYPE OF TRANSPORTATION DO YOU HAVE TO ATTEND POST FUNCTIONS?

VEHICLE YEAR

MAKE

MODEL

LICENSE NUMBER

STATE

WHY DO YOU DESIRE MEMBERSHIP IN THIS EXPLORER POST?

DO YOU PLAN TO ATTEND COLLEGE?

YES NO

IF YES, WHAT MAJOR?

WHAT IS YOUR CAREER GOAL?

IS ANYONE IN YOUR FAMILY ASSOCIATED WITH LAW ENFORCEMENT?

YES NO Name:

POSITION

NAME OF AGENCY

PHONE NO. (INCLUDE AREA CODE)

CERTIFICATION: I understand that any portion of this form is subject to examination by the California Highway Patrol. I further acknowledge that all of the information contained will be used solely for law enforcement purposes to determine my suitability as an Explorer. All of the information contained in this application is true and correct to the best of my knowledge. I further understand that this application will become the property of the California Highway Patrol.

APPLICANT'S SIGNATURE

DATE

PARENT OR GUARDIAN'S SIGNATURE

ACKNOWLEDGMENT: I hereby acknowledge, that if I am selected as a member of the California Highway Patrol Explorer Program, my primary objective will be to examine and study the field of law enforcement and its possibilities for career opportunities. I acknowledge that teamwork is a necessary ingredient for the success of the Post. I will strive to achieve the objectives and ideals of the Explorer Post.

REMARKS / COMMENTS

APPLICANT'S SIGNATURE

** In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are obtained.*

**CONFIDENTIAL PERSONAL HISTORY STATEMENT AND OTHER ASSOCIATED FORMS
EXPLORER APPLICANT**

CHP 400P (Rev. 1-00) OPI 015

Instructions to the Applicant: The information requested on each of the forms in this packet is required to determine your eligibility and qualifications for appointment as an Explorer with the California Highway Patrol (CHP). Failure to answer all questions completely and accurately may be cause for forfeiture of all rights to acceptance. The Personal History Statement will be used in the competitive assessment of your qualifications for the position you are seeking.

A background investigation and fingerprint check will then be conducted to determine your suitability for appointment to the CHP Explorer Program. Successful completion of the background investigation and fingerprint check will result in your appointment.

The completion of this form is mandatory. You will be required to certify that there are no willful misrepresentations, omissions or falsifications, and that all statements are true and correct.

All statements are subject to verification.

All time periods in your background must be accounted for.

It is to your advantage to respond openly and truthfully. Any negative factor in your background will be evaluated in terms of the circumstances and facts surrounding its occurrence and its degree of relevance to the job you have applied for.

Completing Item 14: You need **NOT** list an arrest and/or conviction when the record of such an incident has been **sealed** in accordance with Penal Code Section 1203.45, 851.8; nor if your record has been **expunged** or is **expungeable** pursuant to Health and Safety Code 11361.5, which Section pertains to various marijuana offenses, or the conviction was under Health and Safety Code Section 11557 or its successor 11366 when the conviction was stipulated or designed to be a lesser included offense of the offense of possession of marijuana. However, you must list the arrest and/or conviction if you have received a **release** (per Section 1203.4 or 1203.4a of the Penal Code or Welfare and Institutions Code Section 1179 or 1772) or a **pardon** (per Section 4852.16 of the Penal Code).

Under the Information Practices Act, effective 7-1-78, you have the right of access to personal information (*but not confidential information*) relating to employment with this Department.

NOTE: Answer all questions. Write or print legibly in ink in your own handwriting. **DO NOT TYPE.** If an item does not apply, enter 'D.N.A.' If more space is required, attach as many sheets of 8 1/2 X 11 white paper as may be required. Number the comments. More than one comment may be placed on a page.

THIS IS NOT AN OFFER OF EMPLOYMENT AND IS INTENDED ONLY TO INFORM YOU OF THE STEPS TO BE TAKEN IN DETERMINING THAT YOU ARE OTHERWISE QUALIFIED FOR APPOINTMENT TO THE CALIFORNIA HIGHWAY PATROL EXPLORER PROGRAM.

DO NOT GIVE NOTICE, QUIT YOUR PRESENT EMPLOYMENT, OR RELOCATE.

PRIVACY STATEMENT

AUTHORITY: Labor Code Section 432.7 establishes guidelines for persons authorized to receive criminal offender record information. Penal Code Section 11105 and 13101 establish the authority for CHP employees to receive such information.

PURPOSE: The information will be used to screen applicants for non-peace officer positions who may/will have access to confidential information.

PROVIDING INFORMATION: If you choose to participate in the interview process, it is required that you provide information on this form.

OTHER INFORMATION: During the course of the application and interview process, you may be requested to provide additional information regarding your qualifications, medical/health background, and arrest and conviction history.

ACCESS: Your completed applications and interview-related material submitted to the California Highway Patrol is considered confidential and becomes the property of the CHP. Due to its confidential nature, such information will not be returned. Only authorized personnel directly involved in the employment process, and the applicant, once hired, will be allowed access.

STATE OF CALIFORNIA
 DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
PERSONAL HISTORY STATEMENT
EXPLORER APPLICANT
 CHP 400P (Rev. 1-00) OPI 015

1. NAME (LAST, FIRST, MIDDLE)

2. OTHER NAMES (INCLUDING NICKNAMES), ALIASES AND MAIDEN NAMES YOU HAVE USED OR BEEN KNOWN BY

2A. RESIDENCE ADDRESS (IF DIFFERENT FROM MAILING ADDRESS)		2B. MAILING ADDRESS	
STREET NUMBER		STREET NUMBER OR P.O. BOX NUMBER	
CITY		CITY	
STATE, ZIP CODE		STATE, ZIP CODE	
HOME TELEPHONE NUMBER (INCLUDING AREA CODE)	HOURS OF CONTACT	HOME TELEPHONE NUMBER (INCLUDING AREA CODE)	HOURS OF CONTACT

RELATIVES EMPLOYED BY CHP

NAME	RELATIONSHIP	POSITION	EMPLOYMENT LOCATION

REFERENCES

3. LIST AS REFERENCES 3 INDIVIDUALS WHO HAVE KNOWLEDGE OF YOU AND YOUR PERSONAL QUALIFICATIONS. DO NOT LIST RELATIVES, FORMER OR PRESENT EMPLOYER, CO-WORKERS OR SCHOOL TEACHERS.

	ADDRESS WHERE PERSON CAN BE CONTACTED (INCLUDE CITY, STATE AND ZIP CODE)	TELEPHONE NUMBER
A. NAME		HOME ()
OCCUPATION		WORK ()
B. NAME		HOME ()
OCCUPATION		WORK ()
C. NAME		HOME ()
OCCUPATION		WORK ()

RESIDENCES (IF NEEDED, LIST ADDITIONAL RESIDENCES ON A SEPARATE SHEET OF PAPER)

4. LIST ALL RESIDENCES DURING THE LAST TWELVE (12) MONTHS BEGINNING WITH YOUR CURRENT ADDRESS.

ADDRESS (INCLUDE CITY, STATE AND ZIP CODE)	NAME(S) OF PERSON(S) RESIDED WITH, INCLUDE PHONE NUMBER(S)	DATES (MONTH/YEAR)		IF RENTED, GIVE NAME, ADDRESS & PHONE NO. OF PERSON, OR AGENCY RESPONSIBLE FOR THE COLLECTION OF RENT
		FROM	TO	
A.				
B.				
C.				
D.				

E. HAVE YOU EVER LEFT ANY RESIDENCE UNDER UNFAVORABLE CIRCUMSTANCES? Yes, explain No

EDUCATION

5.

NAME/ADDRESS OF SCHOOL	DATES		NAME/DESCRIPTION OF COURSE PURSUED	GRAD.		NUMBER OF UNITS	DEGREE, DIPLOMA OR CERTIFICATE
	FROM	TO		YES	NO		
HIGH SCHOOL							
HIGH SCHOOL							
GED FROM							
COLLEGE/UNIVERSITIES							
COLLEGE/UNIVERSITIES							
GRADUATE SCHOOL							
MISC. PROFESSIONAL, TRADE, OR VOCATIONAL SCHOOL							

WERE YOU EVER DISMISSED OR SUSPENDED FROM ANY SCHOOL FOR DISCIPLINARY OR ACADEMIC REASONS?

YES NO

IF YES, EXPLAIN BELOW.

SCHOOL	DATE	TYPE OF ACTION

EMPLOYMENT AND EXPERIENCE

6. HAVE YOU EVER BEEN INVESTIGATED AS A JOB APPLICANT? (BACKGROUND INVESTIGATION, SECURITY CLEARANCE, ETC.) Yes No
 IF YES, COMPLETE THE FOLLOWING, INCLUDING ALL INCIDENTS:

DATE	CIRCUMSTANCES

7. BEGINNING WITH YOUR MOST CURRENT EMPLOYMENT, LIST ALL JOBS (PART-TIME, TEMPORARY, MILITARY SERVICE, VOLUNTEER) YOU HAVE HELD IN THE PAST TWELVE (12) MONTHS.

A. PERIOD AND TYPE OF EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER	
FROM _____ TO _____	COMPANY NAME _____	PHONE NO. (INCLUDE AREA CODE) _____
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary	ADDRESS (INCLUDE CITY, STATE, ZIP CODE) _____	
	JOB TITLE AND MOST IMPORTANT DUTIES PERFORMED TITLE _____ SALARY \$ _____ DUTIES _____	
NAMES OF AT LEAST ONE SUPERVISOR AND ONE CO-WORKER		REASON FOR LEAVING _____

INDICATE ANY PERIOD OF MILITARY SERVICE OR UNEMPLOYMENT	FROM	TO
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B. PERIOD AND TYPE OF EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER	
FROM _____ TO _____	COMPANY NAME _____	PHONE NO. (INCLUDE AREA CODE) _____
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary	ADDRESS (INCLUDE CITY, STATE, ZIP CODE) _____	
	JOB TITLE AND MOST IMPORTANT DUTIES PERFORMED TITLE _____ SALARY \$ _____ DUTIES _____	
NAMES OF AT LEAST ONE SUPERVISOR AND ONE CO-WORKER		REASON FOR LEAVING _____

INDICATE ANY PERIOD OF MILITARY SERVICE OR UNEMPLOYMENT	FROM	TO
---	------	----

WOULD THERE BE ANY PROBLEM IF YOUR PRESENT EMPLOYER IS CONTACTED IN THE COURSE OF THE BACKGROUND INVESTIGATION? Yes No

IF YES, EXPLAIN:

EMPLOYMENT AND EXPERIENCE (continued)

C. PERIOD AND TYPE OF EMPLOYMENT		NAME AND ADDRESS OF EMPLOYER	
FROM	TO	COMPANY NAME	PHONE NO. (INCLUDE AREA CODE)
		ADDRESS (INCLUDE CITY, STATE, ZIP CODE)	
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary			
JOB TITLE AND MOST IMPORTANT DUTIES PERFORMED		NAMES OF AT LEAST ONE SUPERVISOR AND ONE CO-WORKER	
TITLE	SALARY \$	SUPERVISOR(S)	
DUTIES		CO-WORKER(S)	
		REASON FOR LEAVING	

INDICATE ANY PERIOD OF MILITARY SERVICE OR UNEMPLOYMENT	FROM	TO
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D. PERIOD AND TYPE OF EMPLOYMENT		NAME AND ADDRESS OF EMPLOYER	
FROM	TO	COMPANY NAME	PHONE NO. (INCLUDE AREA CODE)
		ADDRESS (INCLUDE CITY, STATE, ZIP CODE)	
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary			
JOB TITLE AND MOST IMPORTANT DUTIES PERFORMED		NAMES OF AT LEAST ONE SUPERVISOR AND ONE CO-WORKER	
TITLE	SALARY \$	SUPERVISOR(S)	
DUTIES		CO-WORKER(S)	
		REASON FOR LEAVING	

INDICATE ANY PERIOD OF MILITARY SERVICE OR UNEMPLOYMENT	FROM	TO
---	------	----

C. PERIOD AND TYPE OF EMPLOYMENT		NAME AND ADDRESS OF EMPLOYER	
FROM	TO	COMPANY NAME	PHONE NO. (INCLUDE AREA CODE)
		ADDRESS (INCLUDE CITY, STATE, ZIP CODE)	
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Voluntary			
JOB TITLE AND MOST IMPORTANT DUTIES PERFORMED		NAMES OF AT LEAST ONE SUPERVISOR AND ONE CO-WORKER	
TITLE	SALARY \$	SUPERVISOR(S)	
DUTIES		CO-WORKER(S)	
		REASON FOR LEAVING	

INDICATE ANY PERIOD OF MILITARY SERVICE OR UNEMPLOYMENT	FROM	TO
---	------	----

EMPLOYMENT AND EXPERIENCE (continued)

8. HAVE YOU EVER BEEN GIVEN A FORMAL REPRIMAND OR WARNING AT ANY PLACE OF EMPLOYMENT? (ORAL OR WRITTEN)

Yes No

IF YES, GIVE THE NAME OF THE EMPLOYER(S) AND DATE(S) AND EXPLAIN CIRCUMSTANCES.

9. HAVE YOU EVER BEEN SUSPENDED, FIRED, OR ASKED TO RESIGN FROM ANY EMPLOYMENT?

Yes No

IF YES, GIVE THE NAME OF THE EMPLOYER(S) AND DATE(S) AND EXPLAIN CIRCUMSTANCES.

10. HAVE YOU EVER BEEN REJECTED DURING THE PROBATIONARY PERIOD FROM ANY EMPLOYMENT?

Yes No

IF YES, GIVE THE NAME OF THE EMPLOYER(S) AND DATE(S) AND EXPLAIN CIRCUMSTANCES.

11. HAVE YOU EVER RESIGNED FROM ANY POSITION OR EMPLOYMENT UNDER PRESSURE OR UNFAVORABLE CIRCUMSTANCES?

Yes No

IF YES, GIVE THE NAME OF THE EMPLOYER(S) AND DATE(S) AND EXPLAIN CIRCUMSTANCES.

LEGAL

12. HAVE YOU EVER BEEN QUESTIONED OR DETAINED AS A SUSPECT IN A CRIME? (DO NOT INCLUDE TRAFFIC CITATIONS)

Yes No

IF YES, COMPLETE THE FOLLOWING. INCLUDE ALL INCIDENTS.

DATE	LOCATION (CITY AND STATE)	CHARGES FILED	DISPOSITION

13. HAVE YOU EVER BEEN ARRESTED FOR OR CONVICTED OF ANY OFFENSE? (DO NOT INCLUDE TRAFFIC CITATIONS)

Yes No

IF YES, COMPLETE THE FOLLOWING. INCLUDE ALL INCIDENTS WHETHER EXPERIENCED AS AN ADULT OR JUVENILE, EXCEPT AS OUTLINED IN THE ATTACHED INSTRUCTIONS TO THE APPLICANT.

DATE	LOCATION (CITY AND STATE)	CHARGES FILED (IF ANY)	FINAL CHARGE (IF AMENDED OR REDUCED))	DISPOSITION

14. HAVE YOU EVER BEEN PLACED ON COURT PROBATION AS AN ADULT?

Yes No

IF YES, WHAT WAS THE REASON, WHEN AND WHERE?

MOTOR VEHICLE OPERATION

15. DRIVER LICENSE NO. / STATE

CLASS

EXPIRATION DATE

NAME UNDER WHICH LICENSE WAS GRANTED

16. LIST OTHER STATES WHERE YOU HAVE BEEN LICENSED TO OPERATE A MOTOR VEHICLE.

STATE	LICENSE NUMBER	NAME UNDER WHICH LICENSE WAS GRANTED	EXPIRATION DATE

17. HAVE YOU EVER BEEN REFUSED A DRIVER'S LICENSE, HAD ONE REVOKED, SUSPENDED OR PLACED ON PROBATION OR NEGLIGENT OPERATOR'S STATUS?

Yes No

IF YES, IN WHAT STATE, WHEN AND WHY?

MOTOR VEHICLE OPERATION (continued)

18. HAVE YOU BEEN INVOLVED AS A DRIVER IN A MOTOR VEHICLE ACCIDENT WITHIN THE LAST 5 YEARS?
IF YES, GIVE DETAILS FOR EACH.

Yes No

DATE	LOCATION (STREET AND CITY)		<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury
POLICE REPORT? <input type="checkbox"/> Yes <input type="checkbox"/> No	POLICE AGENCY	REPORT NUMBER	AT FAULT? <input type="checkbox"/> Yes <input type="checkbox"/> No
DATE	LOCATION (STREET AND CITY)		<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury
POLICE REPORT? <input type="checkbox"/> Yes <input type="checkbox"/> No	POLICE AGENCY	REPORT NUMBER	AT FAULT? <input type="checkbox"/> Yes <input type="checkbox"/> No
DATE	LOCATION (STREET AND CITY)		<input type="checkbox"/> Injury <input type="checkbox"/> Non-Injury
POLICE REPORT? <input type="checkbox"/> Yes <input type="checkbox"/> No	POLICE AGENCY	REPORT NUMBER	AT FAULT? <input type="checkbox"/> Yes <input type="checkbox"/> No

19. LIST ALL TRAFFIC CITATIONS (EXCEPT PARKING VIOLATIONS) YOU HAVE RECEIVED WITHIN THE LAST 3 YEARS. (INCLUDE MILITARY BASES)

NATURE OF VIOLATION	LOCATION (CITY)	APPROXIMATE DATE	INDICATE WHETHER FINED OR ACTION TAKEN

REMARKS

READ AND SIGN WHEN FIRST COMPLETING THIS DOCUMENT

PENALTY

Any falsification, withholding or failure to answer all questions completely and accurately may cause forfeiture of all rights to appointment to the California Highway Patrol Explorer Program.

CERTIFICATION

I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions, and that all statements and answers are true and correct to the best of my knowledge and belief.

SIGNATURE *(sign in ink)*

DATE

READ AND SIGN IN THE PRESENCE OF CHP SUPERVISOR WHEN INTERVIEWED

PENALTY

Any falsification, withholding or failure to answer all questions completely and accurately may cause forfeiture of all rights to appointment to the California Highway Patrol Explorer Program.

CERTIFICATION

I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions, and that all statements and answers are true and correct to the best of my knowledge and belief.

SIGNATURE *(sign in ink)*

DATE



STATE OF CALIFORNIA - BUSINESS, TRANSPORTATION AND HOUSING AGENCY
 DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
 AUTHORIZATION TO RELEASE INFORMATION



TO:

I have applied to the State of California for a position as an Explorer with the California Highway Patrol (CHP). I hereby authorize the CHP, or any other law enforcement agency designated by the CHP, to investigate my present and past record or character, and to ascertain any and all information which may concern my record or character, whether the same is of record or not. This authorization includes, but is not limited to, information, records, statements, and opinions pertaining but not limited to, academic achievement, attendance, athletic performance, disciplinary records, background reports, polygraph and psychological examination results, efficiency ratings, any and all internal affairs investigations, complaints or grievances filed by or against me, information of a confidential or privileged nature, and the recollection of attorneys at law. I further understand that statements will be solicited from past and present employers, acquaintances, spouses, etc., and that I waive any cause(s) of action against such interviewees based on the content of their statements. Additionally, notwithstanding the waiver of any cause(s) of action against interviewees, I understand that I can seek relief from any allegedly false or malicious statements by seeking an administrative appeal through the State Personnel Board. I further authorize the CHP, or any other law enforcement agency designated by the CHP, to examine and obtain copies and abstracts or records and documents.

The disclosure of this information will be used to assist the CHP in determining my suitability for appointment. However, if unable to obtain the requested information, the CHP will not be able to complete a thorough background investigation and may be unable to determine my suitability for appointment.

Upon presentation of this release, or a copy of it, I hereby direct and authorize you to fully and completely disclose and release such information and to release copies and abstracts to any officer or authorized representative of the CHP, or other law enforcement agency designated by the CHP to conduct my background investigation.

This authorization, or copy of it, when presented through the U.S. mail in conjunction with an official request or in person by an officer or authorized representative of the CHP, or other designated law enforcement agency, is valid for one calendar year (365 days) from the date I indicate below. This release is executed with full knowledge and understanding that the information is for the official use of the CHP.

I hereby release all persons, organizations, corporations, or entities from any and all charges and liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

TO BE COMPLETED BY APPLICANT		
PRINTED NAME	SIGNATURE	DATE
OTHER NAMES USED (MAIDEN NAME, NICKNAMES, ETC)	ADDRESS	
SOCIAL SECURITY NUMBER / MEDICAL I.D. NUMBER	<i>(In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The S.S.N. will be used for identification purposes to ensure that proper records are obtained.)</i>	

APPLICANT DRUG HISTORY QUESTIONNAIRE

SUBSTANCE	LAST USED / TRIED	HOW INGESTED <i>(Orally, Ingested, Smoked, Snorted, Inhaled)</i>
Marijuana (grass, pot, mota, weed)		
Hashish/Hash Oil		
Quaaludes (ludes)		
Inhalants (popper, glue, gas, paint, solvents, cleaners)		
Non-Prescribed Anabolic Steroids (d-bol, roids, juice, pump)		
Barbiturates (barbs, candy, downers, reds)		
Amphetamines/Methamphetamines (uppers, speed, crank, bennies, whites, cross tops, ice, crystal)		
Cocaine (crack, coke, snow, rock, hubba, nose candy)		
P.C.P. (angel dust, juice, crystal, rocket fuel, KJ, sherm)		
Thai Sticks (opiate, grass)		
Heroin (black tar, chiva)		
Opium		
LSD (acid)		
Psilocybin (magic mushrooms)		
Mescaline/Peyote (buttons)		
Non-Prescribed Valium, Tranquilizers, muscle relaxers, sleeping pills		
Illegal use of any prescribed drug (explain)		

Are there any drugs, narcotics or substances not on the above list that you have tried, used, or experimented with? Yes No

PRINTED NAME

DATE

SIGNATURE

EXPLORER AUTHORIZATION TO RELEASE INFORMATION

CHP 400H (Rev.1-00) OPI 015

As an applicant for a position with the California Highway Patrol Explorer Program, I am required to furnish information for use in determining my qualifications. In this connection, I do hereby authorize the release and full disclosure of any or all information that you may have concerning me, including information of a confidential or privileged nature, to any duly authorized agent of the California Highway Patrol.

I hereby release you, your organization, or others from liability or damage which may result from furnishing the information requested.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

This release will expire one year after the date signed.

APPLICANT'S PRINTED NAME	DATE
APPLICANT'S SIGNATURE	
PARENT OR GUARDIAN SIGNATURE (IF APPLICANT IS A MINOR)	

I, as an Explorer of the California Highway Patrol, am responsible for providing service to the citizens of California. I serve with professional pride and want the citizens of the State of California to share in this pride. The law enforcement profession is difficult and demands dedication far beyond most other professions. For that reason, I ascribe to the following personal traits and values to be the foundation of my commitment to public service, safety, and security.

I will make integrity the cornerstone of my commitment to the Explorer Program. I will be honest, open, and fair in the performance of my duties. I will be responsible for my actions and ensure my behavior is above reproach.

I will perform my duties with professionalism as a premise. I will strive to achieve and maintain a level of professionalism that will serve as an example to those around me. I will dedicate myself to the challenge of gaining the knowledge and proficiency necessary to become the best I can be as an Explorer.

I will pledge loyalty to my fellow Explorers and the Department. I acknowledge the fact that my primary responsibility as an Explorer will be to learn and serve.

I will always display an attitude of pride to the Department and my fellow Explorers. I will act in a responsible manner when on and off duty. I realize that my actions and words will be viewed as a reflection of the Department and all that it stands for.

I will ensure respect is a value reflected in my dealings with the public and other members of this Department. I will not permit personal feelings, prejudices, animosities, or friendships to influence my decisions. I recognize the duty of an Explorer is to learn the ethics of good citizenship and law enforcement. I will constantly strive to achieve these objectives and ideals.

I will be strong in my dedication to public service and devotion to the mission of the Department. I shall serve my community as an Explorer with the Department and take pride in my performance. I expect no monetary gain for my service.

As an Explorer, I will have the courage to maintain my commitment to the above principles. Their application must be consistent and unwaivering for there is no room for prejudice, injustice, and misconduct in law enforcement.

APPLICANT'S PRINTED NAME

DATE

APPLICANT'S SIGNATURE

We/I, the undersigned parent(s)/guardian(s) of _____
 a minor child, do hereby consent to any X-ray examination, anesthetic, medical or surgical
 diagnostic examination, or treatment and/or hospital service that may be rendered to said minor
 under the general or specific instructions of a medical doctor licensed to practice in the State of
 California or other state, whether such diagnosis is rendered at the doctor's office or at a hospital
 licensed by the State.

It is understood that this consent is given in advance of any specific diagnosis or treatment which
 may be required, and is given in order that such physician may have the opportunity to exercise his/
 her best judgment as to the action which may be necessary or required to protect the life and health
 of said minor child.

We/I understand that if our/my son/daughter is injured while on any Explorer Post activity, he/she will
 be given medical treatment. We/I hereby consent to medical treatment being given without financial
 obligation being incurred by any Post Advisor, the State of California or Department of California
 Highway Patrol.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

This consent shall remain effective until revoked in writing by the parent(s) of the above mentioned
 minor child.

PHYSICIAN NAME		PHONE NO. (INCLUDE AREA CODE)
INSURANCE COMPANY		
CERTIFICATE NUMBER	GROUP NUMBER	
PARENT(S) SIGNATURE	WORK PHONE NO. (INCLUDE AREA CODE)	HOME PHONE NO. (INCLUDE AREA CODE)
GUARDIAN(S) SIGNATURE	WORK PHONE NO. (INCLUDE AREA CODE)	HOME PHONE NO. (INCLUDE AREA CODE)
POST ADVISOR SIGNATURE	DATE	